

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

ATTORNEY DOCKET NO.

1247-0515P

PLEASE NOTE:
YOU MUST
COMPLETE THE
FOLLOWING:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:

IMAGE FORMING APPARATUS

the specification of which is attached hereto. If not attached hereto,

Fill in Appropriate
Information -
For Use
Without
Specification
Attached:

the specification was filed on _____ as _____
United States Application Number _____
and amended on _____ (if applicable); and/or
the specification was filed on _____ as PCT _____
International Application Number _____
amended on _____; and was _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Insert Priority
Information:
(if appropriate)

Prior Foreign Application(s)

P	Priority (Number)	Country	Filing Date (Month / Day / Year Filed)	Priority Claimed
P2002-283755	(Number)	Japan	Sep. 27, 2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Month / Day / Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Month / Day / Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Month / Day / Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insert Provisional
Application(s):
(if any)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

Application Number	Filing Date
(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

Insert Requested
Information:
(if appropriate)

Country	Application Number	Date of Filing (Month / Day / Year)
(Country)	(Application Number)	(Date of Filing)

Insert Prior U.S.
Application(s):
(if any)

Application Numbers	Filing Date	Status - patented, pending, abandoned
(Application Number)	(Filing Date)	(Status)
(Application Number)	(Filing Date)	(Status)

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292
P.O. Box 747 • Falls Church, Virginia 22040-0747
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

PLEASE NOTE:
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Full Name of First or
Solo Inventor:
Insert Name of Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship

Insert Mailing
Address

Full Name of Second
Inventor, if any:

see above

Full Name of Third
Inventor, if any

see above

Full Name of Fourth
Inventor, if any

see above

Full Name of Fifth
Inventor, if any

see above

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Keiji	KATO	keiji kato	August 1, 2003
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GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Fumito	MIZOGUCHI	Fumito Mizoguchi	August 1, 2003
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GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Wataru	YOSHIDA	Wataru Yoshida	August 1, 2003
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* DATE OF SIGNATURE			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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PLEASE NOTE:
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FOLLOWING:

Full Name of **sixth**
Inventor
Insert Name of Inventor
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship

Insert Mailing Address

Full Name of **seventh**
Inventor, if any:
see above

Full Name of Third
Inventor, if any
see above

Full Name of Fourth
Inventor, if any
see above

Full Name of Fifth
Inventor, if any
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GIVEN NAME Atsushi	FAMILY NAME INOUE	INVENTOR'S SIGNATURE <i>Atsushi Inoue</i>	DATE* August 1 st 2003
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GIVEN NAME Toshihide	FAMILY NAME OHGOSHI	INVENTOR'S SIGNATURE <i>Toshihide Ohgoshi</i>	DATE* August 1 st 2003
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GIVEN NAME 	FAMILY NAME 	INVENTOR'S SIGNATURE 	DATE*
Residence (City, State & Country) 			
MAILING ADDRESS (Complete Street Address including City, State & Country) 			
GIVEN NAME 	FAMILY NAME 	INVENTOR'S SIGNATURE 	DATE*
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GIVEN NAME 	FAMILY NAME 	INVENTOR'S SIGNATURE 	DATE*
Residence (City, State & Country) 			
MAILING ADDRESS (Complete Street Address including City, State & Country) 			

* DATE OF SIGNATURE